

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/527,646
	Filing Date	June 28, 2005
	First Named Inventor	Robert Nitsch
	Group Art Unit	1652
	Examiner Name	Chowdhury, Iqbal Hossain
	Attorney Docket Number	047260-060190

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 50828

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 50828

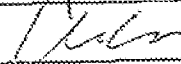
OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record	
Name	Dr. Christoph Krucke Kamp
Signature	
Date	06.03.2007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see blow*.

☐ *Total of _____ forms are submitted.